

Revision: HCFA-PM-95-4 (HSQB)
JUNE 1995

ATTACHMENT 4.35-B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: NEVADA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Termination of Provider Agreement: Describe the criteria (as required at '1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

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Supersedes

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: NEVADA

ALTERNATE REMEDIES TO SPECIFIED REMEDIES FOR
SKILLED AND INTERMEDIATE CARE FACILITIES

Sec. 87. The sanctions available for all facilities include:

1. The requirement that the facility submit a plan of correction for approval by the bureau;
2. The issuance of a provisional license as provided by NRS 449.091;
3. The imposition of a limitation on the occupancy of a residential facility;
4. The imposition of a ban on admissions;
5. Monitoring of the facility by the bureau.

Sec. 88 For a facility that participates in Medicaid, in addition to imposing any sanction authorized by section 87 in this attachment, the bureau may recommend to the welfare division:

1. That the provider agreement of the facility be terminated.
2. That Medicaid payment for certain diagnostic categories or certain types of specialized care be denied.
3. That all or part of the payments to the facility be suspended.
4. That the facility be allowed to continue to participate as a Medicaid facility for 6 months after the date of the survey if:
 - (a) The bureau finds that it is more appropriate to impose alternative sanctions than to recommend termination of the facility from the Medicaid program;
 - (b) The facility has submitted an acceptable plan of correction;

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- (c) The bureau approves the plan of correction; and
- (d) The facility agrees to repay the Federal Government for any payments received under the Medicare or Medicaid program if timely corrective action is not taken in accordance with the approved plan of correction.

If the facility does not substantially correct the cited deficiencies within six (6) months after the last day of the survey, the bureau shall recommend that the welfare division terminate the Medicaid agreement of any facility whose participation was continued under these conditions.

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